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## a valid OMB control number. Attorney Docket Number 200-10(CIP) **DECLARATION FOR UTILITY OR** Robert LEIFER First Named Inventor DESIGN PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number concurrently herewith Filing Date ○ Declaration ○ D Declaration OR Submitted after Initial Submitted **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I heroby decisis that:							
My residence, post o	My residence, post office address, and citizenship are as stated below nowl to my name,						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patient is sought on the invention entitled:							
LIGHT APPARATUS FOR ILLUMINATING A COMPACT COMPUTER VIDEO SCREEN							
the specification of which (Yitle of the Invention)  Is attached hereto  OR							
	was filed on (MM/OD/YYYY) us United States Application Number or PCT Internal						
Application Number (	Application Number and was amended on (MM/DD/YYYY) (if applicable).						
I horoby state that I ha	I horoby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amonded by any amendment specifically referred to above.						
, ,		•		as defend in 37.0	ED 4 EA		
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(x) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Applica Number(a)			Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Capy Attached? YES NO		
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Additional foreign a	pplication num	ibors are listed on a	supplemental priority di	alia ahoot PTO/SR/	128 attached her	610.	
Additional foreign application numbers are listed on a supplemental priority data shoot PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.							
Application Number(s) Filing Date (MM/DD/YYYY)							
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(Page 1 of 2)

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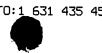
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Additional Inventors are being named on the

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## **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35S(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior united States or PCT International application into manner provided by the first paragraph of 35 U.S.C. 112, I scknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application. U.S. Parent Application or PCT Parent **Parent Filing Date** Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/0 As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this a and Trademark Office connected therewith: 🖾 Customer Number 24336 OR Registered practitioner(s) name/registration nu 24336 Registration Name Number PATENT\_TRADEMARK OFFICE 1 18 000 CIPIL DIG 20,0120,11(10 01() 1001 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hombo Direct all correspondence to: Customer Number 24336 OR Correspondence address below or Bar Code Label Name Address Address City State ZIP Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are beliefed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are supplication or any patient issued thereon. 1. The property of the statements may provide the validity of the application or any patient issued thereon. A petition has been filled for this unsigned inventor Name of Sole or First inventor: Given Name (first and middle lif any) Family Name or Surname Robert LEIFER inventer's Signature Date 7/\o/∞ Dix Hills NY U.S.A. Residence: City U.S. Country 22 Durham Drive Post Office Address Post Office Address Dix Hills NY 11746 City U.Ş.A. Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_/\_ of \_/

Name of Additional Joint Inventor, if any:									
Given Na	Given Name (first and middle [if any]) Family Name or Surname								
Gabe						/			
Inventor's Signature	Tip Mer	<u> </u>	· · · · · · · · · · · · · · · · · · ·					7/10/0	
Residence: City	Rego Park	State	NY		Country	U.S.A.		Citizonship	U.S.
Post Office Address	97-42 64th Avenue								
Post Office Address									
Chy	Rego Park	Stato	NY		ŽIP	11374	Country	U.S.A.	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
Given Na	ame (first and middle [if any]) Family Name or Surname								
inventor's Signature								Date	
Residence: City		State			Country			Citizenshi	
Post Office Address									
Post Office Address									
СНу		State		~~	ZĮP		Count	ry	
Name of Additional Joint inventor, if any:  A petition has been filed for this unsigned inventor									
Given Nar	Given Name (first and middle (if any)) Family Name or Surname								
Inventer's Signature								Date	
Residence: City	State				Country			<b>S</b>	
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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c))SMALL BUSINESS CONCERN	Docket Number (Optional) 200-10(CIP)				
Applicant, Patentee, ortdentifier: <u>Robert LEIFER, et al.</u> Application or Patent No.:					
Filed or Issued: concurrently herewith					
Title: LIGHT APPARATUS FOR ILLUMINATING A COMPACT COMPUTER VIDEO	SCREEN				
I hereby state that I am  the owner of the small business concern Identified below:  an official of the small business concern empowered to act on behalf of the concern	n identified below;				
NAME OF SMALL BUSINESS CONCERN_Arista Interactive LLC					
ADDRESS OF SMALL BUSINESS CONCERN 125 Commerce Drive, Hauppauge, NY 11788					
I hereby state that the above identified small business concern qualifies as a small but 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Tradem to size standards for a small business concern may be directed to: Small Business Adminis 409 Third Street, SW, Washington, DC 20416.	and Office Occupition in the				
I hereby state that rights under contract or law have been conveyed to and remain with identified above with regard to the invention described in:	h the small business concern				
the specification filed herewith with title as listed above, the application identified above.  the patent identified above.					
If the rights held by the above identified small business concern are not exclusive, organization having rights in the invention must file separate statements as to their status as to the invention are held by any person, other than the inventor, who would not qualify as an 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).	s small entities, and no rights				
Each person, concern, or organization having any rights in the invention is listed below no such person, concern, or organization exists.  — each such person, concern, or organization is listed below.	w.				
Separate statements are required from each named person, concern or organization histatus as small entities. (37 CFR 1.27)	aving rights to the invention				
I acknowledge the duty to file, in this application or patent, notification of any change entitlement to small entity status prior to paying, or at the time of paying, the earliest of the is fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.	. <b></b>				
NAME OF PERSON SIGNING Robert Leifer					
TITLE OF PERSON IF OTHER THAN OWNER Vice President					
ADDRESS OF PERSON SIGNING 125 Commerce Drive, Hauppauge, NY 1	1788				
SIGNATURE ROLL DATE TO					
DATE _	any-wyscan-				